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AUTHOR Silver-Herzer, Judith: And Others
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ABSTRACT

This study examines the relationship among the variables of maternal attitudes toward child care, maternal anxiety, infant temperament, length of gestation and sex for a sample of black mothers of premature and full-term infants. Ninety percent of the mothers were unmarried and 81 percent of the pregnancies were reported to be unplanned. Contrary to previous findings, the data indicated that high levels of trait anxiety were adaptive for mothers of prematures, but not for mothers of full-terms. Higher maternal trait anxiety was expressed by mothers of prematures and by mothers of infants with difficult temperament, regardless of length of gestation. The interaction of length of gestation with infant temperament was related to mothers' attitudes about themselves as caretakers: however, contrary to expectations, these infant characteristics were not associated with a mother's attitudes toward her relationship with her child. There were distinct sex differences, with mothers of girls expressing significantly more adaptive child care attitudes on three of five scales of Cohler's Maternal Attitude Scale. The need to reexamine the clinical portrait attributed to mothers of prematures based on the current study's findings is discussed. In addition, questions are raised concerning the implications for the mother-male infant relationship. (Author/MP)

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MATERNAL ATTITUDES TOWARD CHILD CARE ISSUES AS RELATED TO MATERNAL ANXIETY, INFANT TEMPERAMENT, LENGTH OF GESTATION, AND SEX OF INFANT

by

Judith Silver-Merzer
Myra Leifer
Allan Scholom
Robin Vallacher
Department of Psychology
Illinois Institute of Technology
Chicago, Illinois

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Introduction

Research on mothers of premature infants has isolated specific attitudinal, pathological and personality variables which differentiate these women from mothers of normal full-term infants. The personality profile that emerges from these studies describes her as a woman who harbors high anxiety and low self-confidence, and who is immature. Further, mothers of prematures are subject to a higher degree of environmental stress prior to conception, during pregnancy, and during the postpartum period.

The primary experiential difference between mothers of prematures and mothers of full-terms occurs immediately after birth. At that time the preterm infant is hospitalized for 2-8 weeks on a neonatology ward. Consequently, there is a lack of contact between the mother and her premature newborn during the baby's postpartum hospitalization. This immediate lack of contact may impede the formation of the critical mother-infant attachment process once the infant is discharged from the hospital. The interaction of the premature mother's personality with her stressful perinatal experience presents a bleak picture.

A further factor that may affect the mother-infant relationship results from the tendency for premature infants to be characterized by a more irritable, difficult temperament.

In the New York Longitudinal Study, Thomas, Chess and Birch[1] found that a child's temperament has a strong effect on parental behavior. Infants and children with a difficult temperament placed an inordinate amount of strain on parents. Parents of two or more children were found to respond differentially to their children based on the temperament characteristics of the individual child.

In summary, the literature has described the mother of the premature in terms of her emotional or personality characteristics and in light of the environmental stress experienced during the perinatal period. The premature infant has been characterized in terms of his style of difficult temperament. The temperament literature has noted that the infant's temperament is a strong influence on the parents' child rearing behavior for children in general.

Given all these potentially problematic factors it was of concern to examine mothers' attitudes about raising young children. Would mothers' attitudes differ based on their infant's length of gestation? Would attitudes differ based on their infants' temperament? And how does the interaction of temperament and length of gestation relate to the mothers' attitudes?

Furthermore, since the literature overwhelmingly indicates that mothers of prematures have higher characteristic anxiety, and since factors of difficult temperament have been found to be related to prematurity, this study sought to ascertain whether there was a correlation between maternal anxiety and infant temperament.

In general, it was anticipated that mothers of premature and/or difficult infants would have more maladaptive child care attitudes and higher trait anxiety than mothers of full-term and/or easy infants.

Methods

In the present study the sample consisted of black, primiparous mothers of infants and was divided into two groups: mothers of prematures (lg < 32 weeks, b.wt. ≤ 5lbs.) and mothers of full-terms (lg = 38-42 weeks, b.wt. = 6-9 lbs.). The two groups of subjects were equivalent in terms of demographic characteristics. In addition, about 90% of the sample was unmarried, and 81% of the pregnancies were reported to be unplanned.

Maternal anxiety was measured by Spielberger's State-Trait Anxiety Inventory[2], maternal attitudes concerning child care issues were assessed by Cohler's Maternal Attitude Scale[3], and infant temperament was evaluated by the Carey Infant Temperament Survey[4].

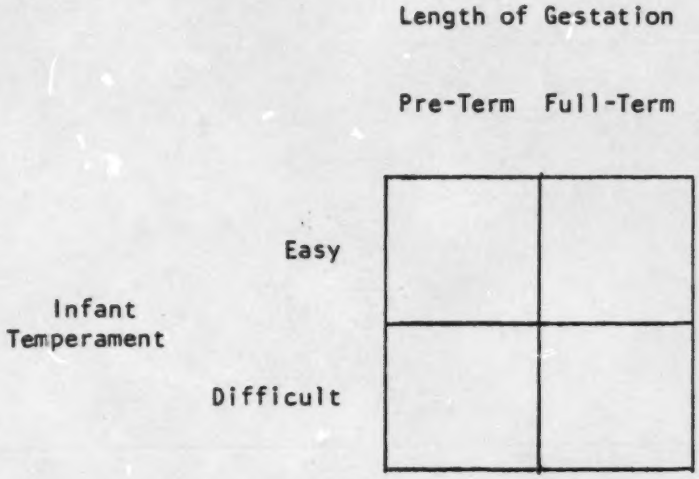

Figure 1. Four-Fold Classification of Mothers

The data for the study was examined within the framework of a four-fold classification of mothers based upon infant length of gestation and infant temperament. Within this structure, assessments were made for level of both maternal attitudes toward child care and maternal trait anxiety.

Insert Table 1 about here

Results

Maternal Anxiety. In terms of maternal anxiety, point biserial correlations of the data confirmed the expectation that mothers of prematures and

mothers of difficult infants would be characteristically more anxious than mothers of full-terms or mothers of easy infants ($r = .28$, $p < .05$ and $r = .32$, $p < .05$, respectively).

Maternal Attitudes. Two-way analysis of variance revealed that the interaction of length of gestation and infant temperament was significantly related to (Scale IV) mothers' attitudes about accepting the emotional complexity of child care and their ability to express feelings of ambivalence and inadequacy such that it is adaptive for a mother to be candid about her self-doubts about raising children ($F = 31.78$, df 1, $p < .05$).

Maternal anxiety was correlated with each scale of the Maternal Attitude Scale for mothers of prematures and for mothers of full-terms; then a difference between correlations was computed. The results indicated that contrary to expectations, high levels of trait anxiety were adaptive for mothers of prematures. That is, high anxiety scores were significantly associated with adaptive child care attitudes. This relationship did not exist for mothers of full-terms. This is a very important finding which will be discussed in the next section.

Finally, significant and unanticipated results were found concerning maternal attitudes. The results indicated distinct sex differences. Mothers of girls had significantly more adaptive attitudes concerning child care issues on three of the five MAS scales (I, II, III: appropriate control of the child's angry and aggressive impulses, encouragement of a reciprocal relationship with the child, and appropriate closeness with the child). These three scales primarily are relationship-oriented.

Discussion

The finding of the current study that anxious mothers of prematures displayed more adaptive child care attitudes suggests that these mothers are particularly sensitive to the special needs of a high-risk infant. In this respect, anxiety may be adaptive in terms of enhancing the mother's attentiveness to her child's needs. Conversely, a mother with low trait anxiety may not be as optimal a caretaker for an infant with special needs.

The indication that infant temperament and length of gestation interact with a mother's ability to express her self-doubts is notable. Scale IV is the only scale which successfully discriminated among the groups of women. It is distinguished from the other four scales in that is does not specifically address the mother's relationship with her child. It focuses on the mother herself in terms of her feelings about abilities as a caretaker. This finding implies that the interaction of the infant variables of length of gestation and temperament do not affect the enduring attitudes a mother holds about raising children, but they do affect how a mother feels about herself in the context of child rearing.

The most accurate predictor of maternal child care attitudes was sex of infant. In this study the absence of the father in these households and the consequent possibility of maternal resentment against the father displaced onto

the male child raises questions about the quality of the mother-male infant relationship. Future research should address the issue of whether these mothers indeed have differential attitudes toward child care based on the sex of the infant, whether these attitudinal differences result in corresponding differential child care styles, and how these child care styles affect the mother-child relationship and the child's emotional well-being.

Finally, concerning trait anxiety, since the anxiety style of mothers of difficult infants parallels that of mothers of prematures, one might speculate that they may also share other qualities currently believed to characterize mothers of prematures. Hence, the clinical portrait which distinguishes mothers of prematures in the literature may be a more general phenomenon among the population of mothers, regardless of the infant's length of gestation.

Implications and Conclusions

This study was exploratory in nature, but its findings are of considerable heuristic value. It illuminates potentially significant variables that a more carefully controlled study might examine. Concerning the premature's mother, there is clearly a need to revise the current conceptualization of the strengths and limitations attributed to her. The finding that her higher level of anxiety is optimal in relation to healthy child care attitudes modifies the tone of pathology currently associated with her style of anxiety. In addition, the similar level of high anxiety characteristic of mothers of difficult infants regardless of whether the infants were premature or full-term implies that the mother of a premature may not be such a unique clinical personality, but is joined by more of the general population of mothers of full-term infants who are of difficult temperament, as well.

References

1. Thomas, A., Chess, S., & Birch, H. Temperament and behavior disorders in children. New York, New York University Press, 1968.

2. Spielberger, C., Gorsuch, R., & Lushene, R. State-Trait Anxiety Inventory Manual. Palo Alto, Consulting Psychologist Press, 1970.

3. Cohler, R., Weiss, J., & Grunebaum, H. Child care attitudes and emotional disturbance among mothers of young children. Genetic Psychology Monographs, 1970, 82, 3-47.

4. Carey, W.B. A simplified method for measuring infant temperament. Journal of Pediatrics, 1970, 77, 188-194.

5. Vietze, P.M. Personal communication, 1976.

Table 1. Schematic Description[9] of Childrearing Attitude Factors: Maternal Attitude Scale[3]

Factor	Adaptive Attitude	Maladaptive Attitude
I. Appropriate versus Inappropriate Control of Child's Aggression	Intent of aggressive Impulse should be recognized but it is important to modulate expression of aggression by providing alternate channels.	Overly restrictive attitudes or, less commonly, overly permissive.
II. Encouragement versus Discouragement of Reciprocity	Babies can communicate with their mothers and mothers should encourage development of a relationship between mother and child.	Babies cannot communicate with their mothers and are unable to develop a reciprocal social relationship or to respond to appropriate cues from their mothers.
III. Appropriate versus Inappropriate Closeness with the Child	A mother can enjoy and care for a baby without sacrificing herself, without becoming overly binding or overly protective, and without yielding to the baby's demand for an exclusive relationship	Pregnancy, delivery and child care are seen as burdensome, depleting and destructive of self, vacillation between the wish to be the sole caretaker, and perpetuate the mother-infant symbiosis, and the wish to relegate all aspects of child care to others.

Table 1 (continued)

Factor	Adaptive Attitude	Maladaptive Attitude
IV. Acceptance versus Denial of Emotional Complexity in Child care	Acceptance of ambivalent feelings about child care of some feeling of inadequacy as a mother and of uncertainty regarding some aspects of child care without loss of self-esteem.	Denial of any concerns or doubts regarding child care and of inadequacy in the maternal role, together with highly conventional and stereotyped beliefs and the feeling that mothers require little child care assistance from others.
V. Feeling of Competence versus Lack of Competence in Perceiving and Meeting the Baby's Needs	Mothers can understand the Infant's physical needs and meet them adequately.	Babies are unable to let others know what their physical needs are and mothers find it very difficult to understand and meet these needs.